

DECLARATION

As a below-named inventor, I(we) hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

INVENTORSHIP DECLARATION

My residence, post office address, and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BALLOON FOLDING APPARATUS, METHODS AND PRODUCTS

the specification of which:

- a) ☒ is being filed concurrently herewith
- b) ☐ was filed on _____ and assigned Serial No. _____
- c) ☐ was filed as PCT International Application No. _____ filed on _____ and amended under PCT Article 19 on _____.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56.

- ☐ In compliance with this duty there is attached an Information Disclosure Statement.
37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d), of any foreign application(s) for patent or inventor's certificate or of any PCT international applications(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international applications(s) designating at least one country other than the United States of America filed by me having the same subject matter having a filing date before that of the application on which priority is claimed.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35 United States Code, §119(e) of any United States provisional application identified below.

U.S. APPLICATIONS	
APPLICATION NUMBER	U.S. FILING DATE
1.	
2.	

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. §120

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications(s) or PCT international applications(s) designating the United States of America that is/are listed below.

U.S. APPLICATIONS	
APPLICATION NUMBER	U.S. FILING DATE
1.	
2.	
PCT APPLICATIONS DESIGNATING THE U.S.	
PCT APPLICATION NO.	PCT FILING DATE
3.	

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Telephone calls and correspondence should be directed to: **Lisa L. Ryan-Lindquist**, at **Customer No. 490, Telephone: (952) 563-3000, Facsimile: (952) 563-3001.**

First InventorFull name: **David McMorrow**Inventor's signature: David McMorrowDate: 4 Feb 2002Citizenship: **Ireland**Post office Address: **27 Bru na Mara
Fort Lorenzo, Galway City,
Ireland**

Residence:

(If different than above)

Second InventorFull name: **Henrik Hansen**Inventor's signature: Henrik HansenDate: 4 FEB 2002Citizenship: **Denmark**Post office Address: **Crushoa
Kinvara, Galway, Ireland**

Residence

(If different than above)

20020204 0820

Third Inventor

Full name:

Tom McHale

Inventor's signature:

Thomas McHale

Date:

4/2/02

Citizenship:

Ireland

Post office Address:

**Saoirsinn
Furbo, Galway, Ireland**

Residence:

(If different than above)

Fourth Inventor

Full name:

Inventor's signature:

Date:

Citizenship:

Post office Address:

Residence:

(If different than above)

2003060678004

UTILITY/DESIGN PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	David McMorrow et al
Title:	BALLOON FOLDING APPARATUS, METHODS AND PRODUCTS
Filed:	<input checked="" type="checkbox"/> concurrently herewith
	<input type="checkbox"/> on _____ and assigned Serial No. _____

Commissioner for Patents
Washington, DC 20231

Docket No: S63.2-9719

POWER OF ATTORNEY FROM ASSIGNEE

As assignee of record of the entire interest of the above identified patent application, **SCIMED LIFE SYSTEMS, INC.** hereby appoint all practitioners of **Customer No. 490** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. I hereby authorize them to act and rely on instructions from, and to communicate directly with, the firm or person which sent this case to Vidas, Arrett & Steinkraus, P.A., unless or until I instruct Vidas, Arrett & Steinkraus P.A., in writing to the contrary.

Address all correspondence to **Lisa L. Ryan-Lindquist** at Customer Number 490.

Dated this 13th day of February, 2002.

(Company Name)

SCIMED LIFE SYSTEMS, INC.

(Signature)
(typed name)

By:

[Signature]
Luke Rasmussen
VP + Chief Patent Counsel,
Cardiology

(title)

Its:

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	David McMorrow et al
Title:	IMPROVED BALLOON FOLD
Filed:	<input checked="" type="checkbox"/> concurrently herewith <input type="checkbox"/> on _____ and assigned Serial No. _____

Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

Docket No.: S63.2-9719

CORRESPONDENCE ADDRESS OF LAW FIRM

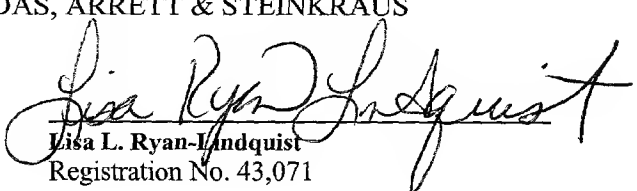
Vidas, Arrett & Steinkraus P.A. would like to make the following
correspondence address of record. Please send all correspondence for this application to the
address as follows:

CUSTOMER NUMBER 490
whose present address is
Vidas, Arrett & Steinkraus P.A.
Suite 2000
6109 Blue Circle Drive
Minnetonka, MN 55343-9185

Respectfully submitted,

VIDAS, ARRETT & STEINKRAUS

By:


Lisa L. Ryan-Lindquist
Registration No. 43,071

Suite 2000
6109 Blue Circle Drive
Minnetonka, MN 55343-9185
Phone: (952) 563-3000
Facsimile: (952) 563-3001

F:\WPWORK\LLR\9719-PFP

2000-03-07